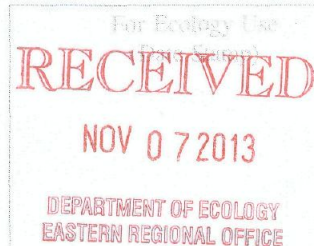




Application for Change/Transfer of Water Right



For filing with the Department of Ecology *or* with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☒ Add point(s) of diversion/withdrawal
- ☒ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL
SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED _____
CHECK NO. _____ FEE \$ _____
DATE ACCEPTED _____ BY _____
CHANGE NO. _____
COUNTY _____ WRIA _____
SPECIAL AREA _____

SEPA: ☐ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. _____ PERMIT NO. _____
CERT NO. _____ CERT OF CHG NO. _____

☐ I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME City of Warden	PHONE NO. 509-349-2326	FAX NO. 509-349-2027
ADDRESS 121 S. Main St.		
CITY Warden	STATE WA	ZIP CODE 98857
EMAIL ADDRESS (IF AVAILABLE) Ron Curren [rcurren@cityofwarden.org]		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE City of Warden	PHONE NO. 509-349-2326	FAX NO. 509-349-2027
ADDRESS 121 S. Main St.		
CITY Warden	STATE WA	ZIP CODE 98857
EMAIL ADDRESS (IF AVAILABLE) Ron Curren [rcurren@cityofwarden.org]		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G3-23026	RECORDED NAME(S) City of Warden
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>Note: The purpose of use is municipal supply.</i>	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A. Existing (per change authorized May 2002)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well (aka "irrigation well")		NE	SE	17	17	30		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	5	NW	NW	16	17	30		
Well	6	SE	SW	10	17	30		
Well	7	E ½	NE	15	17	30		
Well (aka "irrigation well")	8	NE	SE	17	17	30		
Well	9	SW	NW	16	17	30		
Well	10	W ½	SW	16	17	30		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: _____

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of 180 acres	2,000 gpm	450	April 1 to October 31

(a) Total withdrawal under 89-A and 1713-A shall not exceed 224 ac-ft/yr.

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
No change			

5. Place of Use:

A. Existing (per change authorized May 2002)

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

N3/4E1/2 of Sec. 20, lying easterly of the East Low Canal and westerly of the Burlington Northern Railway right-of-way; S3/4E1/2 of Sec. 17, lying easterly of the East Low Canal; and the SW1/4 of Sec. 16, lying westerly of the Burlington Northern Railway right-of-way;

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			17	30E	Grant		180

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☒ NO

IF NO, PROVIDE OWNER(S) NAME: The City owns the west portion, the Port of Warden owns the remainder

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

N3/4E1/2 of Sec. 20, lying easterly of the East Low Canal and westerly of the Burlington Northern Railway right-of-way; S3/4E1/2 of Sec. 17, lying easterly of the East Low Canal; and the SW1/4 of Sec. 16, lying westerly of the Burlington Northern Railway right-of-way; S1/2NE1/4NE1/4 of Sec. 17 lying easterly of the East Low Canal; S1/2NW1/4NW1/4 Sec 16, lying westerly of the Warden airstrip; SW1/4NW1/4 Sec. 16, lying westerly of the Warden airstrip; W1/2NW1/4 of Sec. 21, lying westerly of the Burlington Northern Railway right-of-way.

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			17	30E	Grant		180

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☒ NO

IF NO, PROVIDE OWNER(S) NAME: The City owns the west portion, the Port of Warden owns the remainder

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

The City of Warden wishes to add an existing well, Well No. 5, plus its other municipal wells to this water right. Initially Well No. 5 will be used to provide the main source of irrigation water for the place of use. In the event that there are problems with Well No. 5 in the future, the City wishes to have the flexibility to use its municipal wells to supply irrigation to the place of use. If this becomes necessary, air gaps or other cross-connection control devices will be used in accordance with Department of Health requirements to protect the City's water supply.

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

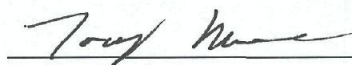
Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Tony Massa, Mayor

Applicant Printed Name - Title



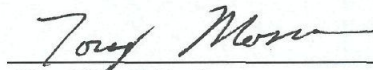
Applicant Signature

10 / 30 / 13

(Date)

Tony Massa, City of Warden

Water Right Holder Printed Name



Water Right Holder Signature

10 / 30 / 13

(Date)

Tony Massa, City of Warden

Land Owner of Existing Place of Use Printed Name



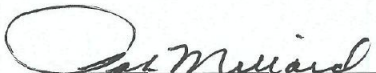
Land Owner of Existing Place of Use Signature

10 / 30 / 13

(Date)

Pat Millard, Port of Warden

Land Owner of Existing Place of Use Printed Name



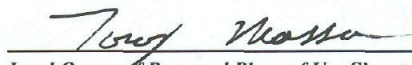
Land Owner of Existing Place of Use Signature

10 / 30 / 13

(Date)

Tony Massa, City of Warden

Land Owner of Proposed Place of Use Printed Name



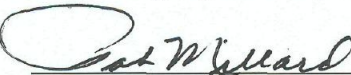
Land Owner of Proposed Place of Use Signature

10 / 30 / 13

(Date)

Pat Millard, Port of Warden

Land Owner of Proposed Place of Use Printed Name



Land Owner of Proposed Place of Use Signature

10 / 30 / 13

(Date)

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ **DATE:** ____/____/____